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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives address: (1) child development in the contexts of family and social development; (2) the physical, social, mental, and psychological tasks of adolescence; (3) the range of normal adolescent development; and (4) the promotion of positive relationships between adolescents and parents. The module consists of four lectures. The first three include exercises for individuals or groups. Lecture 1 considers developmental processes of adolescence, and problems encountered by case workers and parents in working with adolescents. Lecture 2 considers basic developmental tasks for adolescents. For preadolescence, middle adolescence, and later adolescence, a series of charts list typically developed physical, sensorimotor, social, emotional, and language skills; problem areas for foster children; and parenting processes specific to the developmental stage. Lecture 3 considers the wide range of behaviors that may be part of normal adolescent development. Lecture 4 presents guidelines for parents to use to create positive relationships with teenagers. A five-page form for evaluating the module is included. (BC)

FOSTERING FAMILIES

A Child Development Perspective of Adolescence

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Fort Collins, CO 80523

Designed in Consultation with the Colorado Department of Social Services
Under Grant Number C950405

PS 020207

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

A CHILD DEVELOPMENT PERSPECTIVE OF ADOLESCENCE (12-19 YEARS)

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Designed in consultation with
The Colorado Department of Social Services
Under Grant No. C 951209

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed in 2 1/2 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

FOSTERING FAMILIES

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GLOSSARY OF KEY TERMS

social development	refers to how one forms relationships outside the direct family and grows with persons and people-focused institutions and groupings such as schools, clubs, and peers
cognitive development	focuses on the person's progression of mental growth such as thinking and reasoning emerge over the person's life
psychological development	refers to the evolution of the emotional and feeling realms in the person and the more complex concept of the individual's ego
ego	abstract concept referring to the internal structure which allows the person to negotiate themselves internally and within their external environment; can be thought of much like a set of standing girders before a building's outside walls are built
adolescence	for the purposes of this module, adolescence refers to young people aged from approximately 12 to 19 or emancipated youth
normalcy	this is an idea that suggests that normal is not "one way" but rather a range of behaviors are normal in a young person's social, cognitive and psychological development

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LEARNING OBJECTIVES

1. Training participants will view the many stages of children in development and see how a child's development interfaces with and occurs within a wider context of family development and social development.

2. The most basic physical, social, mental and psychological tasks of adolescent development will be learned by training participants.

3. Participants will gain an understanding of a range of normal adolescent growth and development.

4. To learn how to promote positive relationships with adolescents, participants will explore a process of positive adult-adolescent interactions.

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ADOLESCENTS VIEWED THROUGH THE DEVELOPMENTAL PROCESS

LECTURETTE #1

Studying the developing child acknowledges that children grow into adults over a broad time span, generally 18 or 19 years. This growth is best understood with we explore a child's family make-up, family patterns, the family's overall development, the individual's genetic factors, their physical, psychological, cognitive and social experience in maturation, along with specific considerations from the environment and broader social arrangements and influences from society.

Recently, Patricia and Robert Pasick (1985) summarized the basic assumptions that underlay our understanding of child development theory. These are so basic that they are provided as a beginning point:

1. Human development is the result of a dynamic interaction between genetic-constitutional and environmental factors over the entire course of development.

2. The child is an active (versus passive) participant in development.

3. Significant individual differences in children affect their development.

4. Cognitive and emotional development are interdependent.

<u>Group and Individual Activity</u>:

Identify why each training participant came to talk about adolescents. Write on the blackboard or easel all the responses given.

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While the adolescent is developing physically, psychologically, cognitively, and socially, those around them are going through their own developmental processes. Their siblings, peers, parents and extended family members are all in evolving life processes.

The mother and father of a child are experiencing changes through their own life span process. This is shown in Chart A. For example, many parents have completed certain middle parenting tasks and are anticipating generative and retirement stages in which the parents (individually or together) make plans beyond parenting: actually not being involved in active parenting.

When there are siblings in a family, they are simultaneously moving through their own developmental processes. Sometimes siblings are in the same basic stage of develop, others times, siblings are in entirely different stages. Siblings often face the developmental history of preceding siblings which may frustrate the growing process!

The development process for the child is also paralleled by the developing processes of their peers. Peers are very important to most teens. Watching a group of teens makes one very aware of the diversity of growth patterns among teems and can help us understand how difficult the task of describing "adolescence" actually is for anyone!

Three child development experts have studied the social, cognitive and psychological development of youth. By studying each of these conceptual approaches, caseworkers and foster parents are able to understand and identify the skills that an adolescent must develop within their natural capacities.

Maier (1969) identified that adolescents need to develop social dependence and individual independence. For the adolescent this means spending more time with friends than with family members. This generally means sharing information, experiences and decisions with peers either in addition to parents or in place of parents..

Erickson over a span of 20 years, identified the developmental task of "self-identify" formation as the key task for the adolescent. Piaget spent his life identifying the basic cognitive stages of a child's development. He identified the key adolescent stage of "formal operations" as the synthetic thought process that must occur in this period.

These three views of adolescence help us understand this period of development as a complex task wherein the young person makes ultimately the choices about what and who they are. It is difficult for those outside the current adolescent grouping to really understand exactly the experience of adolescents because of the magnitude of this undertaking. In the next lecturette, we will identify the basic variety of growing tasks that occur between 12 and 19 for adolescents.

The Problem for Caseworkers and Foster Parents Working With Adolescents

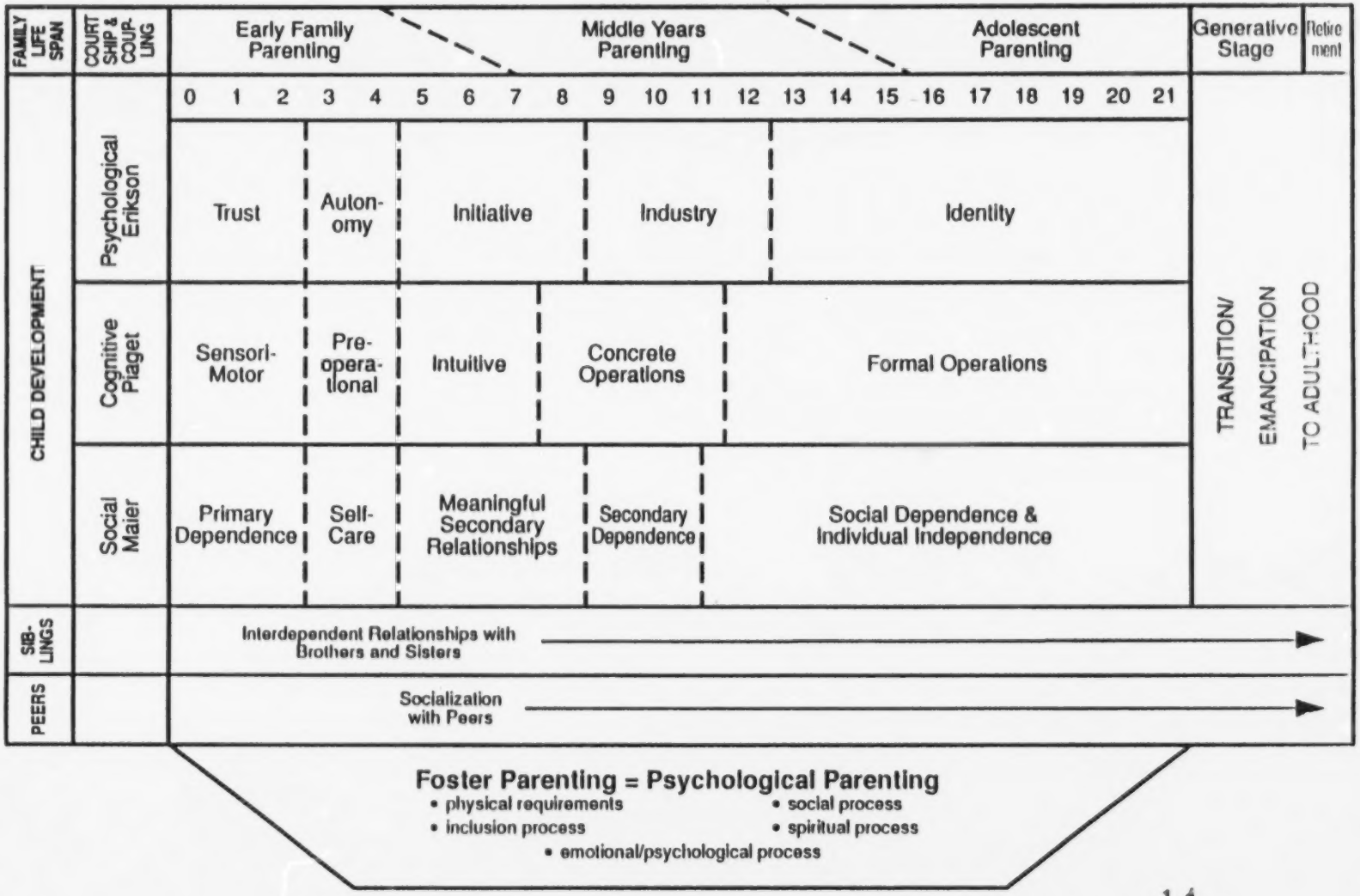
For foster parents and caseworkers, we can immediately recognize that conflict will be likely when involved with adolescents because of their mission. If as has been stated, young people in adolescence have to form their 'life choices' then adolescents living in tentative, often painful living situations thwarts the adolescents efforts at normal, healthy adolescent development. Some young people who are in the age ranges of adolescence also face the problem that they are 'in age' an adolescent, yet, because of early childhood trauma and/or neglect, some of these young people are actually in need of earlier developmental material from helping adults.

Caseworkers and foster parents may be a set of reins on an adolescent that forestalls the actual potential growth required. The need to know and understand the adolescent and his/her family may seem too difficult, or, of minimal value because of the young person's limited relationship with a family unit. This is problematic.

Some adolescents become out of control, belligerent, or parents themselves as ways of coping with their misfortune. So, conflict may arise for caseworkers or foster parents when fostering an adolescent.

After we have explore some the of issues of normal adolescent development, we will return to the issues of how foster care and other out-of-home care systems can work to respond adequately to the adolescent-in-need.

Child Development Viewed Through the Family Life Span



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BASIC TASKS FOR ADOLESCENCE

LECTURETTE #2

Each phase in a person's life contains new sets of tasks which appear in a certain sequence. Erik Erickson's study of the psychological development of children found that as a child develops they learn about trust before they become autonomous creatures. Throughout our lives if previous tasks have not been completed new tasks may be delayed. For example, if an adolescent did not develop trust as an infant, in adolescence their relationships with peers and teachers will be stormy. Sometimes developmental delays hold a person back indefinitely.

By adolescence the delays that may have occurred to a foster child create an accumulation of work for the adolescent and supporting foster parents which may feel overwhelming. The backlog has probably been overwhelming and overpowering to the biological parents.

Adolescence is a challenging time for the best prepared youth. The most common tasks of adolescence according to Vivian Seltzer (1982) have to do with their social development. In this area, the peer group is a central factor and interacts together and transforms the need for nurturance "that can be only filled by peers." The peer group is the primary arena for interactions. The parental home becomes a 'haven' and is of secondary relevance. It is easy to see that for a child who has not consistently had a supportive family atmosphere in which to grow has struggles ahead.

<u>Group & Individual Activity</u>:

Examine Chart B-1 thru B-3 entitled "Child Development: Age Specific."

Foster parents and caseworkers must help guide adolescent energy in positive directions. Being a foster parent means becoming task-directed in order to remediate previous developmental tasks and know the current adolescent tasks which need to be worked on. Havighurst (Davis, 1985) defines developmental tasks as "being midway between a individual need and a social demand as expressed in skills, knowledge, functions, and attitudes." (Study Havighurst's Developmental Tasks.) An illustration is the biological acceptance of one's physique. If a child has had difficulty with maintaining or controlling their weight all of their life, during adolescence this may become an devastating emotional situation.

According to Inger Davis (1985) most of conflicts between parents and adolescents are <u>not severe</u>. Temporary or day-to-day hassles about situations are to be expected. Common quarrels about cars, house chores, choice of friends, hairstyles, clothing, curfew and social activities are examples of these hassles.

Michael Rutters (1980) identified biological and psychological areas which are identified as the <u>most common delinquent</u> areas during the teen period. Especially during late teens, there is a rise in drug use, anorexia nervosa, suicide and depression. Rutters stresses that "normal adolescence is <u>not</u> characterized by storm, stress, and disturbance. Most young people go through their teenage years without significant emotional or behavioral problems."

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Since the shift in responsibility and control from parent to adolescent is more complicated in a foster care situation, caseworkers and foster parents are challenged to understand, communicate, and negotiate a complicated and important phenomenon.

The following questions for caseworkers and parents may be beneficial:

* How does a foster parent encourage independence, while providing their new rules in a nurturing environment?

* What developmental stages appear to be missing, where is this child having difficulty adjusting?

* What developmental stage is this child operating in most of the time?

* How does a caseworker facilitate a nurturing foster home in which an adolescent can develop independence and responsibility?

* How can the caseworker gather and provide the foster parents with developmental information that will be helpful?

* When and what traumas have occurred in this child's life and how do these traumas influence the growth and development of the foster child?

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A CHILD DEVELOPMENT MODEL INDICATING SOME BASIC PHYSICAL SOCIAL & EMOTIONAL ASPECTS

CHART B-1

Preadolescent
Age Range - 11-12 years

Physical Development and Sensor Motor Skills

* A period of slowed down growth followed by a growth spurt (between 9 and 13)
* Girls usually develop sooner than boys and are bigger
* Uneven growth in different parts of the body

Social, Emotional, and Language Skills

* Wide range of maturity levels in this stage
* Larger difference of interests between boys and girls
* Single sex gangs continue with teasing and antagonism between boy groups and girl groups
* Starting to value opinion of own group more than that of adults
* Approval of peers rivals that of adults in importance

Frequently Identified Problem Areas for Child-In-Placement

* Irresponsible behavior
* Extreme rebellion and may be overly critical
* Headaches, nervous stomach, ulcers
* Education, social, identity changes
* Connection with siblings and peers
* Distance to biological home
* Need to be involved in decision making

Parenting Processes Specific to Developmental Phase

* Provide opportunities for greater independence and more responsibility
* Parents need a sense of humor
* Use rules to help child develop

FOSTERING FAMILIES

A CHILD DEVELOPMENT MODEL INDICATING SOME BASIC PHYSICAL SOCIAL & EMOTIONAL ASPECTS

CHART B-2

Mid- Adolescence
Age Range - 13-16 years

Physical Development and Sensor Motor Skills

* Physical growth is slowed
* Reaches adult height
* Strength and endurance increase
* Reproductive organs mature, hormonal changes

Social, Emotional, and Language Skills

* Self-perception of self as adult rather than child
* Usually, an intellectual growth-spurt wherein thought becomes more abstract, less egocentric, and capable of future-orientation
* Awareness of both outside and inside worlds, personality complexities, and deeper levels of introspection and self-analysis
* Moral outlook becomes more abstract concern with rightdoing versus wrongdoing
* Sex groupings begin to vary from same sex to both sexes though sexuality is a major preoccupational experience
* Peers serve as a point of reference for one's sense of self-achievement and accomplishment

Frequently Identified Situational Areas

* Increased negotiation & decision-making between adolescent & foster family, biological family, case worker
* Education tracking, social alientation emerges
* Identity formation becomes difficult
* Siblings and peer relations may reflect negatively
* Youth may become involved with outside law enforcement systems
* Adolescents may act out existing family dysfunctions into their own growth processes

Parenting Processes Specific to Developmental Phase

* Greater autonomy, requiring parental 'letting go'
* Recognize the role of maturation including sexuality
* More complicated relationships within the family unit
* Conflicts over dress, appearance, etc.

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A CHILD DEVELOPMENT MODEL INDICATING SOME BASIC PHYSICAL SOCIAL & EMOTIONAL ASPECTS

CHART B-3

Later Adolescence
Age Range - 16-19 years

Physical Development and Sensor Motor Skills

* Physical growth ends
* Adolescent-specific physical problems may emerge including adolescent schizophrenia, anorexia, etc.

Social, Emotional, and Language Skills

* Able to perceive self and other's uniqueness
* More self-directed
* Able to perceive split between personal needs & societal needs and interests
* Intimacy becomes integrated with sexuality
* First decisions made about life choices including career and work
* Language competence seems to diminsh into slang and peer-specific colloquialisms

Frequently Identified Situational Areas

* Ambivalence among adult and teen relations
* Adolescent not consulted on decisions
* Low aspirations by significant adults Especially where rehabilitation is goal
* Communication patterns between teen and parents
* Increased time with peers
* Adolescents negotiate new roles
* Emancipation problems may emerge

Parenting Processes Specific to Developmental Phase

* Parents letting go, having teens make their own decisions
* Supportive, caring relationships recognizing and respecting the teen's need for distance

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THE WIDE RANGE OF NORMALCY

LECTURETTE #3

"Normal" is defined by The American Heritage Dictionary as 1. " conforming to a usual or standard", 2. "of average intelligence and development", or 3. "free from physical or emotional disorder." To use any of these definitions to study adolescent development may or may not be appropriate because the study of human development includes a persons physical development as well as their motor skills, their social, emotional and language skills. Intelligence may or may not be an issue.
Normalcy is an important word in considering the adolescent in development, however, because adolescence is a time of normalcy - a time where a wide range of normal behaviors and actions typify these young people.

Adolescents experience a wide range of normal emotional swings, a wide range of normal intellectual endeavors, a wide range of normal physical pursuits, along with a long list of other normal challenges. Adolescents naturally and appropriately must meet life head-on meaning that for these young people, many of the activities undertaken are "first-time" adult activities. Driving, dating, and career-oriented studies all meet the adolescent as real firsts!

In order to understand these areas of development more completely, data has been gathered from a broad range of sources. The charts located on the following pages provide a clear picture of what may be appropriate for children of a particular age. At all times we need to remind ourselves that foster children are often developmentally delayed in one or more of these areas. Therefore, it is inappropriate for the parent, caseworker, or foster parent to assume a handicap or disability exists, though this must be considered.

Group & Individual Activity:

Examine Exercise #1 entitled "Is This Normal Development?"

Group and Individual Activities:

1. In small groups, talk about how teen foster children may be different or similar to children in the biological home.

2. Review the three developmental charts.

3. Brainstorm how foster parents and caseworkers can most successfully "parent" the teenager.

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Is This Normal Development?
Ages 11-12 years

Exercise #2

To better understand what normal development is, read each example and answer 'Yes' or 'No' as to whether it is development. Discuss in small groups if there is adequate time.

DESCRIPTION OF CHILD	IS THIS DEVELOPMENT?		DISCUSSION NOTES!
	YES	NO	
1. Sixth grade group of same sex students call each other and wear similar or matching clothing every day to school.			
2. Eleven year old explodes with anger when told that the family is going out for supper that evening.			
3. Foster child plans to walk twelve miles to visit their brother for the weekend.			
4. Fifth grader has a variety of summer jobs and is making money for a stereo.			
5. A student's grades drop. They are experiencing sleep disruption and nausia, but doctor can find nothing wrong after a physical exam.			

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Is This Normal Development?
Ages 13-16 years

To better understand what normal development is, read each example, answer 'Yes' or 'No' as to whether it is development. Discuss in small groups if there is adequate time.

DESCRIPTION OF CHILD	IS THIS DEVELOPMENT?		DISCUSSION NOTES!
	YES	NO	
1. Thirteen year old will "fight to the death" to protect a smaller peer.			
2. Foster child nearly slugs caseworker who suggests that they be moved to another foster home.			
3. Child spends one week with birth parents and then the child avoids any contact for one month.			
4. Ninth grader returns from barber shop with a TOTALLY new hairstyle which the foster parent has never seen the likes of before.			
5. Fifteen year old girl sneaks boyfriend into basement bedroom for a weekend visit.			
6. Thirteen year old spends $100.00 of her money on the "latest trendy" clothes without any discussion.			

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Is This Normal Development?
Ages 16-19 years

To better understand what normal development is, read each example, answer 'Yes' or 'No' as to whether it is development. Discuss in small groups if there is adequate time.

DESCRIPTION OF CHILD	IS THIS DEVELOPMENT?		DISCUSSION NOTES!
	YES	NO	
1. Sixteen year old foster child who is new to this foster home, insists on spending the entire weekend at a girl-friend's house, just as they usually do.			
2. Twelfth grader does not know how to drive a car. They want the foster parent to teach them.			
3. Tenth grade boy weighs ninty pounds and is five foot and four inches tall.			
4. Seventeen year old is fired from a car hop job, is angry as a result, and says they'll make the employer "pay".			
5. Adolescent brothers in separate foster care homes make plans to spend time together on the weekend without consulting their families.			
6. A 17 year old steals money.			

PROMOTING POSITIVE RELATIONSHIPS WITH ADOLESCENTS

LECTURETTE #4

Though we have identified the importance of peers in the development of adolescents, this does not mean that adults are insignificant to adolescents. On the contrary, adolescents need and want adults to talk to and be with! Family is very important to adolescents both as the haven we identified and also for socializing beyond the peer experience.

Adolescents need wide opportunities and broad exposures. Sometimes adolescents prefer to have at least one peer with them in meeting new opportunities, and, that meets their needs too. So, travel and meeting new people are important ways for adolescents to grow.

Toward building positive experiences with teens, particularly in the foster parenting process, some specific guidelines may be helpful. These are on the next page.

Guidelines for Positive Interactions With Teens

1. Be present for teenagers. Make time to do things with your teens. Initiate positive parental interactions with teenagers.

2. Provide an atmosphere of dignity, trust and respect for teens to live in so that mistakes are seen as growth experiences and successes are the ownership of the teen.

3. Do all kinds of activities with teenagers, particularly unique experiences.

4. Recognize the strengths of teenagers, and, help teens build personal strengths.

4. When problem situation(s) exist, work immediately to present the situation that needs joint response. Both the parent(s) and the teen(s) need to clarify the problem(s) that is distressing.

5. Direct problem-solving processes toward the strengths of the teen. Share the decision-making process as fully as possible.

6. Talk to teens about the huge job that needs to be achieved in adolescence. Talk about the normalcy of adolescence! And, allow the necessary room for deep emotional expression and provide deep empathy for the difficult tasks to be achieved at this point in their lives.

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Colorado State University
Application for Partial Credit

Module No.: SW _ _ _-_ _ _

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

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A Child Development Perspective of Adolescence

Evaluation By Participants

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

	Not Well Addressed				Very Well Addressed
1. Training participants will view the many stages of children in development and see how a child's development interfaces with and occurs within a wider context of family development and social development	1	2	3	4	5
2. The most basic physical, social, mental and psychological tasks of adolescent development will be learned by training participants	1	2	3	4	5
3. Participants will gain an understanding of a range of normal adolescent growth and development	1	2	3	4	5
4. To learn how to promote positive relationships with adolescents, participants will explore a process of positive adult-adolescent interactions	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter.....	1	2	3	4	5
2. Preparation.....	1	2	3	4	5
3. Ability to communicate.....	1	2	3	4	5
4. Style of presentation.....	1	2	3	4	5
5. Enthusiasm/interest in subject matter.....	1	2	3	4	5
6. Overall performance.....	1	2	3	4	5
7. Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific:_____

_____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #__ __ __ __

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # __ __ __ __

2. Circle correct role: 1. worker 2. foster parent
   3. Other_____(please specify)

3. Date __ __ - __ __ - __ __

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
   1. Hispanic
   2. Black, not of Hispanic origin
   3. Asian-American
   4. American Indian
   5. White, not of Hispanic origin
   6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:
   1. all under 5
   2. all under 10
   3. all under 15
   4. all under 18
   5. all over 18
   6. some under 18 & others over 18
   7. none

12. Highest level of formal education: (please circle one)

   1. some high school
   2. high school graduate
   3. some college
   4. college graduate
   5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?

   1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify)_____
    3. Both County Department of Social Services and Private.
    4. Indian/Tribal
    5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & some over 18
    7. no children now
    8. not yet foster parents
    9. other_____

19. Is at least one parent in the home providing parenting and supervision?
    1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

    1. 0 - 24 mos.
    2. 1 - 6 years
    3. 0 - 12 years
    4. 0 - 18 years
    5. 0 - 21 years
    6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify) _____
    3. Indian/Tribal
    4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

    1. Caseworker I
    2. Caseworker II
    3. Caseworker III
    4. Supervisor I
    5. Supervisor II
    6. Foster Case Trainer
    7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years